| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 Application or Doctor Number 1983384 107833 | | | | | | | | |
|---|------------------|--|------------------|------------------------|-----------|----------------|------------------------|------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | SMALL EL | TITY TITE | OR | OTHER | | i. |
| TOTAL CLARMS | 20 | | RATE | FEE | | RATE | FEE | |
| FOR | NUMBER FILED | MAKEER EXTRA | BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 | ٠ |
| TOTAL CHARGEARLE CLAIMS | 20 minus 20= | . 0 | X\$ 9= | | OR | X\$18=; | | |
| INDEPENDENT CLAIMS | 2 minus 3 = | | X40- | | OЯ |)080m | | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | +135- | | OR | +270= | | |
| * If the difference in column 1 is | TOTAL | | OR | TOTAL | 9/0 | 牌 | | |
| CLAIMS AS A (Column 1) | SMALL | ENTITY , | OR | Office SMALL | _ : : | 13 | | |
| | HECE HELIN | mn 2) (Column 3) LEST IBER PRESENT OUSLY EXTRA | RATE | ADDI- TIONAL | | FATE | ADO) | |
| AMENDMENT | Minus PAID | FOR (7) | X3.9= | FEE | | 36536 <u>-</u> | FEE | 5 |
| Total • // | Mirus | 2 6 | XXX | | OA | 2000- | * | 2 |
| FIRST PRESENTATION OF M | ULTIPLE DEPENDEN | | | | OR | - | | |
| . / | | • | +135= · | | Ø | ::+290= | | 8 |
| 6/2/11 | | me (I) (Caluma II) | ACOIL FEE | | OR | ADOIT, FEE | | 2 |
| (Cotumn 1) CLAMS REMAINING | FARSI | mn 2) (Column 3) HEST HEST PRESENT | r - | ADD1 | İ | نسر معسر | ADDI- | |
| REMARKING AFTER AMENDMENT Total : 20 Independent - 2 | PREV | POR. | RATE | FEE | مجم | RATE | FEE | |
| Total | Minus - | 20 - | X\$ 8= | 4 | ÓЯ | X\$18= | | |
| FIRST PRESENTATION OF M | Minus | TOLAIM / FT | X40- | | OR | _XXX | | 1 : |
| 7407 | | | +135= | | OR | +270= | | <u>.</u> |
| 11.107 | | | ADDIT, FEE | | OR | ADDIT, FEE | 4 | 1. |
| (Cotumn 1) | | imn 2) (Cotumn 3) | | l. | . [| | | 4. |
| O MANUAL REMAINENCE | MA PREV | MBER PRESENT EXTRA | RATE | ADOI- TIONAL FEE | \ | RATE- | ADDI- TIONAL FEE | · |
| Total • 20 | Minus | 20 . 0 | X\$ 9= | | OR. | XS P- | | 1 |
| AFTER AMERICALENT Total • O I Independent • O | Minus | 3.0 | X40= | | OR | X80=\ | i |] |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | OR | +270= | 1 | 1 |
| * If the eatry in column 1 is less than the entry in column 2, write "O" in column 2. " If the Talghast Number Previously Paid For" DI THES SPACE is less than 20, enter "20." | | | | | OR | - | | 1 |
| ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, order "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | |
| FORM PTO 475 | | | Patent and Tonds | mad Office, (| J.S. CO | PARTICIPATE (| OF COLDIER | æ ∖ |